

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2	1					
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		2		1		
8		1		1		
9	1		1			
10	1		1			
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Total Indep			9			
Total Depend						
Total Claims			15			

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